

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/22/2014
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for an investigation of one hospital licensure complaint.</p> <p>Complaint Number: IN00158311 Unsubstantiated, lack of sufficient evidence. Unrelated deficiency cited.</p> <p>Facility number: 005016</p> <p>Date: 12/22/14</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p>	S 912		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>(ii) Maintaining a current nursing service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on policy and procedure review, medical record review, observation, and interview, the nurse executive failed to ensure the implementation of facility policy related to fall risk assessment for 1 of 5 patients (N4), and for one patient observed.</p> <p>Findings:</p> <p>1. Review of the policy "Emergency Department Fall Risk Assessment, policy number 3.18.11, last reviewed 8/2014, indicated: "...All patients presenting for treatment to Emergency Department will be assessed for Fall Risk..."</p> <p>2. Review of patient medical records indicated that patient N4 was admitted to the ED (emergency department) on 1/7/13 and 3/20/13 and lacked documentation by nursing that a Fall Risk assessment was performed on either ED visit.</p>	S 912		

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S 912	<p>Continued From page 2</p> <p>3. At 12:20 PM on 12/22/14, interview with staff member #43, the ED nurse manager, indicated there was no Fall Risk assessment done for pt. N4, at either ED admission in 2013, which should have been performed as per facility policy.</p> <p>4. Review of the policy "Siderails and Cart Locks", policy number 3.18.02, last reviewed 8/2014, indicated:</p> <p>a. Under "Position/Policy Statement", it reads: "A. Siderails are to be in an upright, locked position at all times on all patients except when being examined or treated by the physician or nurse..."</p> <p>5. At 2:00 PM on 12/22/14, while on tour of the ED in the company of staff member #41, a nursing administrative staff member, it was observed that one young adult patient had only one side rail up.</p> <p>6. At 2:05 PM on 12/22/14, interview with staff member #41 indicated:</p> <p>a. There was no ED staff person in the room with the ED patient at the time of observation.</p> <p>b. The patient with only one side rail up was alert and had a significant other at the bedside.</p>	S 912		